Illinois Historic Preservation Agency
Property Tax Assessment Freeze
Volunteer Service Time Report

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Project #_____

NAME_____

DATE	WORK DESCRIPTION	HOURS WORKED	HOURLY RATE*	TOTAL
			TOTAL	

I certify the above is true and correct and that
all times were spent on the subject project.

_____
Volunteer   Date

*Hourly rate certification REQUIRED
Minimum wage, unless professional rate is
applicable (plumber, carpenter, etc.) They
must provide a letter indicating their rate.